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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 10/583,905     |
|------------------------|----------------|
| Filing Date            | 01-01-2006     |
| First Named Inventor   | David Lavenda  |
| Arl Unit               |                |
| Examiner Name          |                |
| Attorney Docket Number | FLG-P-7569-119 |

| To: Commissioner for<br>P.O. Box 1450<br>Alexandria, VA 22  |  |                                       |                                 |                                      |  |  |  |
|---|--|---------------------------------------|---------------------------------|--------------------------------------|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and  |  |                                       |                                 |                                      |  |  |  |
| all the attorneys/agents of record.   |  |                                       |                                 |                                      |  |  |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or  |  |                                       |                                 |                                      |  |  |  |
| the afforneys/agents associated with Customer Number  |  |                                       |                                 |                                      |  |  |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |  |                                       |                                 |                                      |  |  |  |
| The reasons for this request are:   |  |                                       |                                 |                                      |  |  |  |
|   | Instructed to withdraw by client.  |                                       |                                 |                                      |  |  |  |
| CORRESPONDENCE ADDRESS  |  |                                       |                                 |                                      |  |  |  |
|   | CORRESPO   | NOENCE                                | ADDRESS                         | <u> </u>                             |  |  |  |
| 1. The correspondence address is NOT affected by this withdrawal.   |  |                                       |                                 |                                      |  |  |  |
| 2. Change the correspondence address and direct all future correspondence to:   |  |                                       |                                 |                                      |  |  |  |
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| OR  |  |                                       |                                 |                                      |  |  |  |
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| Tolophone   |  | 117                                   | Email                           |                                      |  |  |  |
| Signature   | 2-1-11   | 7.                                    |                                 | <u> </u>                             |  |  |  |
| Name Andrew Tiajoloff   |  |                                       | Registration No.                | 31575                                |  |  |  |
| Date Ju   | 7 د دیل  |                                       | Telephone No.                   | (212) 490-3285                       |  |  |  |
| NOTE: Withdrawal is effective whe   | en approved rather than when received.  or cossible extension period, the reques | Unices lingra are o                   | of least 30 days between approx | val of withdrowal and the expiration |  |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or rotain a benefit by the public which is to life fand by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any commends on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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